

**DEPARTMENT OF CONSUMER AFFAIRS  
VETERINARY MEDICAL BOARD  
CHANGE OF ADDRESS FORM**

CANDIDATE FILE  
LICENSE FILE



\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
LICENSE# if applicable

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
(      )

\_\_\_\_\_  
WORK PHONE #

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
(      )

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

In order for the Board to change your address on your exam/license file, you must complete the above information and return it to the California Veterinary Medical Board,  
2005 Evergreen St., Suite 2250,  
Sacramento, CA 95815-3831 or you may fax it to (916) 263-2621.

(7/04)